



The Society of Cardiopulmonary Technology (NZ) Incorporated

c/o Cardiac Physiology, Level 3, Auckland City Hospital, Private Bag 92024, Auckland, New Zealand.
www.sct.org.nz Telephone (09) 6309924. Email: education.sct@gmail.com

**COMBINED APPLICATION FOR:
SCT MEMBERSHIP AND
THE CERTIFICATE IN PHYSIOLOGICAL MEASUREMENT (CPM) OR
CERTIFICATION OF CARDIAC PHYSIOLOGISTS (CCP) COURSE**

NAME:

Surname

Christian Names

DATE OF BIRTH:

POSTAL

ADDRESS:

WORK PHONE:

MOBILE:

EMAIL:

EMPLOYMENT DETAILS

JOB TITLE:

DEPARTMENT:

DHB:

Start date of current position: _____ Hours/week: _____

Total length of relevant (Full Time Equivalent) experience: _____

Please indicate which course you are applying for

Certificate in Physiological Measurement (CPM)

Certification of Cardiac Physiologists (CCP)

CLINICAL SUPERVISION

Clinical supervisor: _____

Supervisor's email: _____

I confirm that the above employment information for the applicant is true and correct.

Clinical Supervisor or Charge Physiologist to sign Date

Students accepted for SCT courses will become associate members of SCT.

It is a requirement of the SCT education programmes that students are registered with the Clinical Physiologists Registration Board (CPRB). If not already registered, please apply for registration on acceptance to the course. www.cprb.org.nz

CPM course fees are \$600 plus SCT membership of \$50 (one year).

CCP course fees are \$1200 plus SCT membership of \$100 (two years).

Please note: we do not require payment upon application. If your application is successful, we will supply payment details to you.

CCP can be paid as two instalments of \$600 + \$50.
If you would prefer this option, please tick the box

APPLICANTS DECLARATION

- * I declare that the statements I have made are accurate.
- * I declare to be governed by the rules and regulations of the Society.
- * I agree to inform the Society immediately of any change in circumstances, which may affect my right to continue as a member of the Society.

NAME: _____

SIGNED: _____ DATE: _____

Please scan and email your application to education.sct@gmail.com